

Virginia's Three Branch Initiative

Presentation to
Commission on Youth

Virginia Department of Social Services
May 7, 2014



Three Branch Leadership Team

Executive Branch

- Governor's Office/Secretary's Office
- VDSS Commissioner, Team Leader
- Comprehensive Services Act (CSA) Executive Director
- Medicaid & child serving agency officials

Legislative Branch

- 2 Senators; 2 Delegates, Commission on Youth Executive Director

Judicial Branch

- Director of Court Improvement Program, Office of Executive Secretary, Virginia Supreme Court
- Judge, Juvenile & Domestic Relations Court

Child serving agencies' representatives

- Virginia League of Social Services Executives
- Virginia Association of Community Services Boards
- Virginia Association of School Superintendents
- Virginia Coalition of Private Provider Associations

Well-Being Outcomes



▶ **Physically healthy**

- All children receive primary health care services.
- All children receive dental services.

▶ **Emotionally & behaviorally healthy**

- All children are screened/assessed for behavioral health needs.
- All children have access to & receive appropriate behavioral health services.
- Children demonstrate fewer behavioral & emotional needs.
- All children receive psychotropic medications when appropriate.

▶ **Successful in school**

- All school-aged children attend school.
- All children remain in their same school, unless contrary to their best interests.
- All children succeed in school.

Physically Healthy



All children receive primary health & dental services

▶ **100% of youth have:**

- **Medical exams** within 30 days of entering foster care.*
- **Well-child visits**, when in foster care, based on Medicaid's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) periodicity schedule.*
- **Dental exams** when in foster care every 6 months from last exam, beginning at age 6 months up to 18 years.*

*New VDSS data; may verify with Medicaid/managed care data

Emotionally & Behaviorally Healthy

All children/youth are screened & assessed

- ▶ **Upon entry into foster care, 100% of youth assessed:**
 - Who have urgent health, mental health, or substance abuse needs by licensed professional within 72 hours.*
 - Using Child & Adolescent Needs and Strengths Assessment (CANS) within 30 days.
 - Who have trauma, mental health, or substance abuse needs by licensed mental health professional within 60 days.*
- ▶ **100% of youth assessed with CANS through stay:**
 - Based on needs of youth/family & intensity of services provided.
 - Annually.
 - Within 90 days prior to exiting foster care.

*New VDSS data; OCS data

Emotionally & Behaviorally Healthy

Children demonstrate fewer behavioral/emotional needs

- ▶ **Decreased percentage of children, age 5 & older, who received foster care services & have moderate or severe behavioral/emotional needs on the CANS:**

2012 baseline data:

- 70% had impulsivity/hyperactivity
- 69% anxiety
- 66% depression
- 60% anger control
- 59% oppositional
- 48% adjustment to trauma
- 46% conduct
- 12% psychosis



*OCS CANS data

Emotionally & Behaviorally Healthy

Youth receive appropriate psychotropic medications

- ▶ 100% of youth, prior to new psychotropic medication, receive:
 - Pediatric medical examination.
 - Comprehensive child and adolescent mental health evaluation by a qualified professional.*



*New VDSS data

Successful in School

All children attend, remain in & succeed in school

- ▶ **100% of school aged children & youth:**
 - Enrolled as full-time student or completed secondary school.*
 - Attending school & have less than 6 unexcused absences.*
 - Remain in same school during year, when jointly determined in their best interests by social services and schools.*
- ▶ **Increased student academic performance**, as measured by Standards of Learning.**
- ▶ **Increased percentage of youth complete school:**
 - Graduate from high school.*
 - Complete two or four year colleges/universities.*
 - Earn Board of Education-approved career and technical education certification.*

*New VDSS data; DOE data **Evolving; DOE data

Manage by Data Strategy

Use health, behavioral health, psychotropic medication, & educational performance outcome data to improve decision making on a regular basis.

- ▶ Define outcomes & analyses using existing data whenever possible across agencies.
- ▶ Institute mechanisms for sharing/protecting data.
- ▶ Analyze baseline data.
- ▶ Finalize core measures/quality indicators for ongoing tracking.
- ▶ Incorporate into agencies' data reporting systems.
- ▶ Provide management reports to help state and local agencies make decisions and assess progress.

Accomplishments Since July 2013

- ▶ **Incorporated well-being activities into foster care guidance.**
- ▶ **Integrating many well-being outcomes into VDSS automated data system.**
- ▶ **Incorporating well-being outcomes & actions into five year plan – safety, permanency & well-being sections.**
- ▶ **64% of children (2,890) in foster care now in Medicaid Managed Care** (phased implementation Sept 2013 to June 2014):
 - ▶ Improved access to health care providers.
 - ▶ Coordination of health care services.
 - ▶ Case management.
 - ▶ Targeted services for chronic conditions.
 - ▶ 24-hour nurse advice line.
- ▶ **Behavioral Health Administrator began managing community behavioral health services** through new Medicaid contract in Dec 2013.



Accomplishments Since July 2013

Strengthening CANS Assessment for youth in foster care.

- ▶ Received 186 responses from front-line users on how to improve CANS for children, families, workers, & supervisors.
- ▶ Created new child welfare module & enhanced trauma module.
- ▶ Developing CANS reports to assess progress over time:
 - Child report on safety, permanency & well-being, &
 - Parent/guardian report on permanency & protective factors.
- ▶ Adding CANS assessment screen in online data system; will automatically populate top strengths & needs of child & parents from CANS, integrating CANS into online service plan.
- ▶ Enhancing overall user functionality/reporting capabilities for all CANS users.

Presentations to National Audiences

- ▶ NGA's Policy Institute for Governors Human Services Advisors in Phoenix on October 8th.
- ▶ **Institute of Medicine and National Research Council**
 - Expert committee on Improving the Health, Safety, and Well-being of Young Adults. January 2014. Requested a state government using an innovative successful approach integrating/coordinating across agencies.
- ▶ June 2014 - American Public Health Services Association (APHSA) National Policy Forum

Technical Assistance Received

- ▶ **Institute in Philadelphia** in July 2013
- ▶ **Nadia Sexton** - state examples of managed care and youth in foster care
- ▶ **Sheila Pires** – customizing managed care, monitoring psychotropic medications, & effective behavioral health services for foster care youth.
- ▶ **Dr. Christopher Bellonci** – monitoring psychotropic medications, effective screening tools.
- ▶ **Illinois Department of Children & Family Services** –trauma, Child Welfare CANS tool, learning collaboratives.
- ▶ **Attended Leadership Team meeting** – Connections for Permanency, National Governors Association, National Conference of State Legislatures



Future Technical Assistance Ideas

- ▶ **Content experts for learning collaboratives** - to help design/present information across the state – recorded in knowledge center.
- ▶ **Bryan Samuels & Chapin Hall Center** – Well-being outcomes – using VDSS, CANS, & Medicaid data
- ▶ **Assistance developing a trauma informed care system across agencies**
- ▶ **Assistance in tying Medicaid reimbursement rates to evidence-based interventions and/or trauma informed providers.**
- ▶ **Examples of state legislation allowing the sharing of child-specific data across state education and social services**

Next Steps

- ▶ **Three Branch Leadership Team Meeting**
May, 29, 2014
- ▶ **Three Branch Meeting**
Milwaukee, Wisconsin
June 30 – July 2
- ▶ **Presentation to the Commission on Youth**
Fall 2014